

NATIONAL Assessment Centre Services:

(wef 1 Jan 08)

20082260003

Date In: 10/06/2022 17:47	Job description	Date & Time Completed	Done by
Ref No: N/A/C1122005546/	SAS e-filing		
Veh No: GBT 1262m	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 09/06/2022 07:55	i-Motor Claim Form		
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: 8676103A	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: ()	% [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA2201619	Invoice Preparation Checklist
Claimant's Particulars:	1) AR: Accident Reporting (\$30);
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)
Contact No:	3) TF: Towing Fee \$40/\$45
Damaged Portion:	4) FT: Follow-Through Survey \$120
C Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)
1.1:	6) TR: Re-inspection \$75
1.2/3:	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	OT*
	*N5: Courtesy Car / Tpt Allowance \$5
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$5
	TP (N11): TP (Non INC) against INC \$20
	9) N12: Idao Mobile 30
	Invoice dated
	Invoice dated
	Fee Charged
	Fee Charged

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	10/06/2022 17:47 (SGT)
Date of Accident	09/06/2022 07:55 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	(CHANGI) AFTER LORNIE ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH1262M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SANTINO COFFEE SPECIALISTS PTE LTD
Company Reg No	2XXXXX167G
Email Address	sandychong70@gmail.com
Mobile Phone No	(Phone) +65-98797924
Alternative Phone No	+65-98797924

VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	EVERY
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	658

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00002252204
Cover Note Number	-

DRIVER

Name of Driver	WONG KEN RONG
Passport No/FIN	GXXXX806T

Date Of Birth	03/06/1996
Occupation	Outdoor
Date Of Driving Pass	13/12/2016
Driving experience	5 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98797924
Alt. Phone Number	-
Email Address	sandychong70@gmail.com
Address	BLK 3017 BEDOK NORTH STREET 5 #03-24
Address complement	-
Postcode	486121
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT6103A
Vehicle Manufacturer	Ssangyong
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MUHYIDDEEN BIN AIDORO
NRIC No	SXXXX326F
Contact Number	(Phone) +65-98572448
Address	-

Address complement	BLK 442C FAJAR ROAD #12-02
Postcode	673442
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

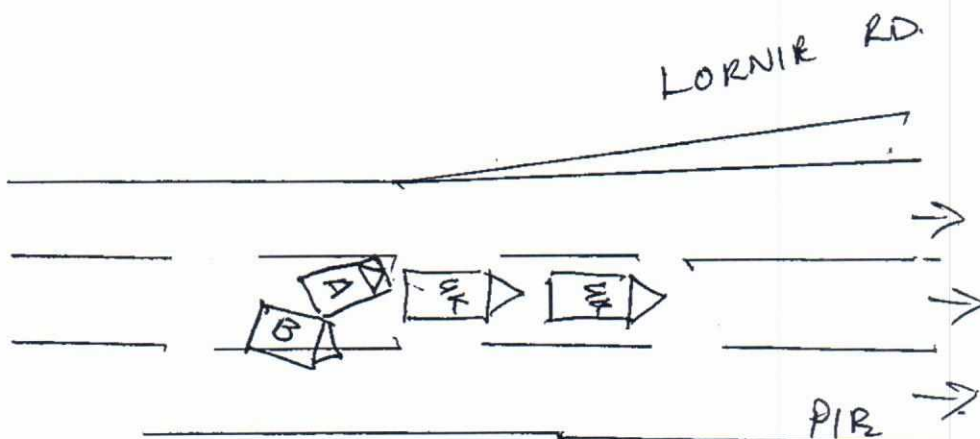


Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



A: GBH 1262M
B: SLT 6103A

Describe Circumstances of the Accident

On mentioned date and time, I was moving along PIE (CHANGI) in the middle lane after Korne Road exit. As I noticed unknown vehicle stationary ahead of me, I slow down and tried to change lane to LH side. Since there are moving vehicles on the LH lane and while waiting vehicle 'B' crashed against my vehicle's rear section. After the collision the said vehicle 'B' move further and stopped by LH side road shoulder. I follow his vehicle and stopped my vehicle to inspect. After the inspection the driver of vehicle 'B' admitted his mistake and brought me to his regular workshop to fix/repair my vehicle. At the shop the said vehicle 'B' driver not able to settle payment for the repair. So he advised me to claim against his insurance company. We both got each other's particulars and we proceeded our own way.

Declaration

We declare the foregoing particulars are true in every respect.



+

WKR.

Policyholder's Signature / Date & Time

+

Ken

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

10/06/2022

MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION

Date of Report		Time:	
Date of Accident	9/6/2022	Time:	0755
Exact Location of Accident	PIE (CHANGI) AFTER LORNE ROAD EXIT.		

DETAILS OF OWN VEHICLE

Vehicles Registration Number:	GBH 1262M	Name of Registered Owner:	SANTINO COFFEE
NRIC / Passport No. / FIN:	NIL.	Co. Reg. No. (for Co. Vehicle Only):	SPECIALISTS P 2000051679.
Vehicle Particulars			
Manufacturer:	Toyota <input type="checkbox"/> Lexus <input type="checkbox"/> Suzuki <input type="checkbox"/> Hino <input type="checkbox"/>	Model:	
Exact purpose for which vehicle was being used at time of accident. Normal usage <input type="checkbox"/> Other <input type="checkbox"/> (please state):			
Are you claiming your own insurance policy for repair to your veh.? Yes <input type="checkbox"/> No, Reporting Only <input type="checkbox"/> No, Third Party <input type="checkbox"/>			
Vehicle Category: Private Car <input type="checkbox"/> Commercial Vehicle <input checked="" type="checkbox"/> Others <input type="checkbox"/>			
Insurance Company			
Name of Insurance Company: CHINA TAIPING.			
Type of Coverage: Comprehensive <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Third Party Fire and/or Theft <input type="checkbox"/>			
Fleet Policy: Yes <input type="checkbox"/> No <input type="checkbox"/>		Policy / Cover Note Number:	
Driver			
Name of Driver:	WONG KEN RONG	NRIC / Passport No. / FIN:	G 2753 806T.
Date of Birth:	03/06/1996	Occupation:	Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/>
Date of Driving Pass:	13/12/2016	Gender:	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Mobile Phone No:	98797924	Fax No.:	
Address: PAK 3017 BEDOK NORTH ST 5 #03-24		Alternative Phone No.: 64485030	
Email Address: SANDYCHONG70@GMAIL.COM		(Post Code: 486121)	
Was driver an employee of the Insured's Company? Yes <input type="checkbox"/> No <input type="checkbox"/> State relationship of the driver with the insured:			
Vehicle Registration Number of Driver's Own Vehicle (if applicable):			
Insurance Company of Driver's Own Vehicle (if applicable):			
Other Information of the Accident			
Type of Accident:	HEAD TO REAR.		
Weather Conditions	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/> (please state condition):		
Road Surface	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/> (please state condition):		
Was any body injured in the accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		
Was any other material or property damaged?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		
Are accident photos available for attachment	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		
Was the accident reported to the Police?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, which Police Station?		
Was notice of intended Prosecution given?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, against whom?		

DETAILS OF OTHER VEHICLE PROPERTY (Please fill Annex A if more vehicles involved)

Vehicles Registration No.:	SLT 6103A	Vehicle Make / Model / Colour:	SANGYONG
Details of Property Damaged in Accident:			
Name of Driver:	MUHYIDDEEN BIN AIDORO	NRIC/Passport Number:	S8829326F
Contact Number:	98572448		
Address: PAK 442C FAJAR ROAD #12-02		(Post Code: 673442)	
Insurance Company Name:			
Nature of Damage:		No. of Passengers (Including Driver):	
Details of Witness - Name:			
Details of Witness - Contact Number:			
Details of Witness - Email Address:			

DETAILS OF INJURED PERSON (Please fill Annex A if more person injured)

Name:	Approximate Age:		
Address:		(Post Code:)	
Injuries Sustained:	Injured person in which vehicle:		
Were seat belts worn? No <input type="checkbox"/> Yes <input type="checkbox"/>	Were injured conveyed to hospital by ambulance? No <input type="checkbox"/> Yes <input type="checkbox"/>		

NO VIDEO



Motor Commercial

MZ300/C

R SN

AN0421A

Cov. Type:C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSNW00002252204

Engine No.: R06A2131223

Cha. No.: DA17V256702

1. Index Mark and Registration
Number of Vehicle

GBH1262M

2. Name of Policy Holder

SANTINO COFFEE SPECIALISTS PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

15/01/2022
(00:00:00)

Excess Sect I, S\$350.00
EX ON WINDSCREEN, S\$100.00

4. Date of Expiry of Insurance

14/01/2023

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use:

- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC LTD AS HP OWNER

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: VITESSE SOLUTIONS
Authorised Officer


Authorised Signatory

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	GBH1262M		
Vehicle Type:	A50 - Goods (Closed) Van/Van Panel (Delivery)	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	SUZUKI	Vehicle Model:	EVERY VAN PC
Chassis No.:	DA17V256702	Engine No.:	R06A2131223
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	1
Engine Capacity:	658 cc	Power Rating:	-
Maximum Power Output:	-		
Unladen Weight:	820 kg	Maximum Laden Weight:	1200 kg
Primary Colour:	Silver	Secondary Colour:	-
First Registration Date:	15 Jan 2018	Original Registration Date:	15 Jan 2018
Manufacturing Year:	2017	Open Market Value:	\$12,427.00
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00
No. of Transfers:	0	Additional Registration Fee Rate:	5.00%
Actual ARF Paid:	\$622.00		

Owner Particulars

Owner Name: SANTINO COFFEE SPECIALISTS PTE LTD
 Owner ID Type: Company
 Owner ID: 200GQ5167G
 Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes
 Registered Block/House No.: 3017
 Registered Street Name: BEDOK NORTH STREET 5
 Registered Unit No.: # 03 - 24
 Registered Building Name: GOURMET EAST KITCHEN
 Registered Postal Code: 486121
 COE No. / Expiry Date: 2018011505000694G / 14 Jan 2028
 COE Bid Category: C - Goods Vehicle & Bus
 PQP Paid: \$22,640.00

Transaction Details

Business Transaction Ref. No.: 20180115122051831684
 Business Transaction Date: 15 Jan 2018
 Business Transaction Time: 12:20:51

Message

The above vehicle has been successfully registered.
 Please note that \$20,650.00 will be deducted from your GIRO account.

IU: 1042974914

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